# 10/576439

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## IAP20 Rec'S PCT.PTO 20 APR 2006

## **Application Data Sheet**

**Application Information** 

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD\_R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Yes

Computer Readable Form (CRF)?::

Yes

Title::

USE OF GROWTH HORMONE RELEASING

**FACTOR ANALOGS IN TREATING PATIENTS** 

SUFFERING FROM WASTING

Attorney Docket Number::

09555.0151USWO

Request For Early Publication::

No

Request For Non-Publication::

No

Suggested Drawing Figure::

**Total Drawing Sheets:** 

Small Entity::

Yes

Latin Name::

Variety Denomination Name::

Petition Included::

No

Petition Type::

Licensed US Govt. Agency::

**Contract or Grant Numbers::** 

Secrecy Order in Parent Appl.?::

No

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Bruno

Middle Name::

Family Name:: LUSSIER

Name Suffix::

City of Residence:: Saint-Lambert

State or Province of Residence:: Quebec Country of Residence:: Canada

Street of mailing address:: 15 rue D'Anjou

City of mailing address:: Saint-Lambert

State or Province of mailing address:: Quebec

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: J4S 1K4

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

oration.

Given Name:: Luc

Middle Name::

Family Name:: VACHON

Name Suffix::

City of Residence:: Montreal

State or Province of Residence:: Quebec

Country of Residence:: Canada

Street of mailing address:: 3741 rue Saint-André

Initial 04/20/06

City of mailing address:: Montreal

State or Province of mailing address:: Quebec

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: H2L 3V6

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Soraya

Middle Name::

Family Name:: ALLAS

Name Suffix::

City of Residence:: Outremont

State or Province of Residence:: Quebec

Country of Residence:: Canada

Street of mailing address:: 5 avenue Vincent d'Indy, Apt. 302

City of mailing address:: Outremont

State or Province of mailing address:: Quebec

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: H2V 2S7

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Thierry

Middle Name::

Initial 04/20/06

Family Name::

**ABRIBAT** 

Name Suffix::

City of Residence::

Limonest

State or Province of Residence::

Country of Residence::

France

Street of mailing address::

Les Jardins d'Eole, 3 Allée des Séquoias

City of mailing address::

Limonest

State or Province of mailing address::

Country of mailing address::

France

Postal or Zip Code of mailing address:: 69760

**Correspondence Information** 

Correspondence Customer Number::

23552

## Representative Information

Representative Customer Number:: 23552	sentative Customer Number:: 23	52
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#### **Domestic Priority Information**

Application::	Continuation Type::	Parent Application::	Parent Filing
			Date::
This is a	National Stage of	PCT/CA2004/001843	10/20/2004
PCT/CA2004/001843	International of	60/512,198	10/20/2003

## Assignee Information

Assignee Name:: THERATECHNOLOGIES INC.

Street of mailing address:: 2310 boulevard Alfred-Nobel

City of mailing address:: Saint-Laurent

State or Province of mailing address:: Quebec

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: H4S 2A4